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STATEMENT OF

FEC FORM 1	ORGANIZATION					Office Use Only						
1. NAME OF COMMITTEE (ir	n full)		(Check if name is changed)		ample:If typing r the lines.	g, type	12FE	4M5				
THE GRAI	NT TH	ORN	TON LL	P POI	LITICA	L ACT	ΓΙΟΝ	COMI	MITTI	EE L	LC	
 L , , , , , , , , ,	1 1 1 1	1 1 1				1 1 1 1		1 1 1				
ADDRESS (number a	nd street)	175 W.	Jackson Blvd.									
X (Check if address is changed)		Suite 20					ılLı	6060	4			
		CITY						STATE ZIP CODE				
COMMITTEE'S E-MA (Check if is change	address	,	e provide only on	e e-mail ad	ddress)							
COMMITTEE'S WEB	PAGE ADD	RESS (L	JRL)									
(Check if is change	address											
2. DATE 06	M / D 1) / Y	2012									
3. FEC IDENTIFIC	CATION NU	MBER	С	C004082	60							
4. IS THIS STATE	MENT	NEV	/ (N) OR	×	AMEND	DED (A)						
I certify that I have e	examined thi	s Statem	ent and to the b	est of my	knowledge aı	nd belief it	is true, co	orrect and	complete.			
Type or Print Name	of Treasurer	Trent 0	Bazzaway									
Signature of Treasurer Trent Gazzaway [Electronically Fig. 2]						ly Filed]	Date	M M /	11 /		012	
NOTE: Submission of			complete informat	•					enalties of	2 U.S.C	. §437g.	
Office Use Only					For further in Federal Electic Toll Free 800-4 Local 202-694	on Commissio 424-9530			FEC FO		'	